PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

	NCE ADDRESS (Note: Use H	lock 1 for any change of address)	No Fee	te: A certificate of the state	mailing can only be used for s certificate cannot be used for paper, such as an assignment of mailing or transmission.	domestic mailings of the any other accompanying
			par hav	ers. Bach additional e its own certificate	paper, such as an assignment of malling or transmission.	t or formal drawing, mu
47973 WANDENAANINI		0/2008	化化二基二烷 整二十二	Cert	ificate of Mailing or Transm	legion
1000 EAGLE GA	YDEGGER/MIC TE TOWER	SKOSUF1	I h	reby certify that thi	s Fee(s) Transmittal is being ith sufficient postage for first Stop ISSUB FEE address a O (571) 273-2885, on the dat	deposited with the Uniti class mail in an envelor
60 EAST SOUTI	H TEMPLE		add trai	ressed to the Mail smitted to the USPT	Stop ISSUE FEE address a O (571) 273-2885, on the dat	bove, or being facsimi te indicated below.
SALT LAKE CIT	TY, UT 84111			The state of the s		(Depositor's name
		ه د خواهی و خواه				(Signature
				and the second		(Dade
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/631,203	07/30/2003		Yoram Bernet	ى ل چې چې دې دې چې د	13768.783.282.1	· 2182 -
TTLE OF INVENTION:	NETWORK QUALITY	Y OF SERVICE FOR QU	ALITATIVE APPLICAT	IONS		
		· , · , · ,		, , , , , , , , , , , , , , , , , , ,	· ·	
APPLN, TYPB	SMALL ENTITY	ISSUB FBB DUB	PUBLICATION PER DUB	PREV. PAID ISSUE	PEE TOTAL FEE(S) DUE	DATB DUB
nonprovisional	NO	\$1510	\$300	\$0	\$1810	01/30/2009
ВХАМП	IFR	ART UNIT	CLASS-SUBCLASS .		e Age	
BOUTAH, A	LINA A	2443	; ; 709-200000			
Change of corresponden	cc address or indication	n of "Fee Address" (37	2. For printing on the p			
	ndence address (or Char	nge of Correspondence	(1) the names of up to or agents OR, alternati	3 registered patent	attorneys 1 Workin	an Nydegger
Change of correspon	122) attached.		(2) the name of a single registered attorney or a 2 registered patent atto			· · · · · · · · · · · · · · · · · · ·
TO/SB/47; Rev 03-02	auon (or "ree Address" or more recent) attach	d. Use of a Customer	2 registered attorney or a	gent) and the names	or up to	4 4 A
Number is returned.			Reted no name will he	nicys of agonts, it in	o name is , 3	
number is required.		الله الله الله الله الله الله الله الله	listed, no name will be	printed.	o name to 3	
ASSIGNEE NAME AND	D RESIDENCE DATA	TO BE PRINTED ON T	HE PATENT (print or ty	printed. e)		nment has been filed for
ASSIGNEE NAME AND PLEASE NOTE: Unles recordation as set forth i	D RESIDENCE DATA s an assignee is Identi n 37 CFR 3.11. Comp	TO BE PRINTED ON T	ngred, no name will be HE PATENT (print or typ lata will appear on the pl a substitute for filing an	e) itent. If an assigner assignment:	is identified below, the doc	ument has been filed fo
ASSIGNEE NAME AND PLEASE NOTE: Unles recordation as set forth it	D RESIDENCE DATA s an assignee is identi n 37 CFR 3.11. Comp	TO BE PRINTED ON T	HE PATENT (print or ty	e) itent. If an assigner assignment:	is identified below, the doc	ument has been filed fo
ASSIGNEE NAME AND PLEASE NOTE: Unles recordation as set forth i	D RESIDENCE DATA s an assignee is identi n 37 CFR 3.11. Comp	TO BE PRINTED ON T	ngred, no name will be HE PATENT (print or typ lata will appear on the pl a substitute for filing an	e) itent. If an assigner assignment; and STATE OR CO	is identified below, the doc	ument has been filed fo
ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth it. (A) NAME OF ASSIGN MICROSOft Co	D RHSIDENCE DATA s an assignee is identi n 37 CFR 3.11. Comp unn Orporation	TO BE PRINTED ON T fled below, no assigned of letion of this form is NOT	HEPATENT (print or by lata will appear on the passibilities for filling an (B) RESIDENCE: (CITY Redmond, Washington)	e) itent. If an assigner assignment; and STATE OR CO ashington	is identified below, the doc	
ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth it. (A) NAME OF ASSIGN MICROSOft Consequence of the appropriate associated the appropriate as a second the ap	D RHSIDENCE DATA s an assignee is identi n 37 CFR 3.11. Comp NHH OFPORATION e assignee category or	TO BE PRINTED ON T fled below, no assigned of letion of this form is NOT eategoties (will not be pri	HEPATENT (print or by data will appear on the partent for filling an (B) RESIDENCE: (CITY Redmond, Wanted on the patent);	e) itent. If an assigner issignment; and STATE OR CO ashington Individual M Con	e is (dentified below, the doc DUNTRY)	entity. 🚨 Governmen
ASSIGNEE NAME AND PLEASE NOTE: Unles recordation as set forth it. (A) NAME OF ASSIGN MICROSOft Cases check the appropriation. The following fec(s) are in some case fec.	D RHSIDENCE DATA s an assignee is identi n 37 CFR 3.11. Comp NITH OFPORATION e assignee calegory or a submitted:	TO BE PRINTED ON T fled below, no assigned of letion of this form is NOT categories (will not be pri	HEPATENT (print or by data will appear on the partent for filling an (B) RESIDENCE: (CITY Redmond, Wanted on the patent);	e) itent. If an assigner issignment; and STATE OR CO ashington Individual M Con	e is identified below, the doc DUNTRY)	entity. 🚨 Governmen
ASSIGNEE NAME AND PLEASE NOTE: Unles recordation as set forth it. (A) NAME OF ASSIGN MICROSOft Consequence of the appropriate of the set of th	D RHSIDENCE DATA s an assignee is identi n 37 CFR 3.11. Comp NITH OFFORTATION e assignee category or submitted: small entity discount po	TO BE PRINTED ON T fled below, no assigned of letion of this form is NOT categories (will not be printed) 4b.	HE PATENT (print or by data will appear on the passible as substitute for filling and (B) RESIDENCE: (CITY Redmond, Winted on the patent): Payment of Fee(s): (Plea A check is enclosed. Payment by credit can	printed. itent. If an assigned assignment; and STATE OR CO ashington Individual	e is identified below, the doc DUNTRY) poration or other private group previously paid issue fee shad attached.	o entity. 🚨 Governmen
ASSIGNEE NAME AND PLEASE NOTE: Unles recordation as set forth it. (A) NAME OF ASSIGN MICROSOft Cases check the appropriation. The following fec(s) are in some case fec.	D RHSIDENCE DATA s an assignee is identi n 37 CFR 3.11. Comp NITH OFFORTATION e assignee category or submitted: small entity discount po	TO BE PRINTED ON T fled below, no assigned of letion of this form is NOT categories (will not be printed) 4b.	HE PATENT (print or by data will appear on the passible as substitute for filling and (B) RESIDENCE: (CITY Redmond, Winted on the patent): Payment of Fee(s): (Plea A check is enclosed. Payment by credit can	printed. itent. If an assigned assignment; and STATE OR CO ashington Individual	e is identified below, the doc DUNTRY) poration or other private group previously paid issue fee sh	o entity. 🚨 Governmen
ASSIGNEE NAME AND PLEASE NOTE: Unles recordation as set forth it. (A) NAME OF ASSIGN MICROSOft Cates check the appropriate. The following fec(s) are set in the set of the set	D RHSIDENCE DATA s an assignee is identi n 37 CFR 3.11. Comp WHH OFFORTATION e assignee category or a submitted: small entity discount po f Copies (from status indicated	TO BE PRINTED ON T fled below, no assigned of letion of this form is NOT categories (will not be pri 4b. crmitted)	HE PATENT (print or type data will appear on the parameter of filling and (B) RESIDENCE: (CITY Redmond, We need on the patent): Payment of Pee(s): (Please A check is enclosed. Payment by credit can the Director is hereby overpayment, to Depone	printed. itent. If an assigner assignment; and STATE OR CO ashington Individual S Con se first reapply any 1. Form PTO-2038 in authorized to charge it Account Number.	poration or other private group previously paid issue fee sh s attached. the required fee(s), any defice 23,231.78 (enclose an experience)	own above) clency, or credit any extra copy of this form).
ASSIGNEE NAME AND PLEASE NOTE: Unles recordation as set forth it. (A) NAME OF ASSIGN MICROSOft Cases check the appropriate. The following fec(s) are set in the set	D RHSIDENCE DATA s an assignee is identi n 37 CFR 3.11. Comp WHH OFFORTATION e assignee calegory or submitted: small entity discount po f Copies (from status indicated MALL ENTITY status	TO BE PRINTED ON T fled below, no assigned of letion of this form is NOT categories (will not be pri 4b. camitted) above) See 37 CFR 1,27	HE PATENT (print or type data will appear on the parameter of filling an (B) RESIDENCE: (CITY Redmond, Winted on the patent): Payment of Pee(s): (Please A check is enclosed. Payment by credit care the Director is hereby overpayment, to Deposite the patent of the patent of the patent of the Director is hereby overpayment, to Deposite the patent of t	printed. itent. If an assigned assignment; and STATE OR CO ashington Individual	poration or other private group previously paid issue fee she sattached. 23-21-78 (enclose an capacity status of the required fee(s), any defice the required fee(s) any defice the required fee(s).	own above) clency, or credit any oxtra copy of this form).
ASSIGNEE NAME AND PLEASE NOTE: Unles recordation as set forth it. (A) NAME OF ASSIGN MICROSOft Cases check the appropriate. The following fec(s) are set in the set	D RHSIDENCE DATA s an assignee is identi n 37 CFR 3.11. Comp WHH OFFORTATION e assignee calegory or submitted: small entity discount po f Copies (from status indicated MALL ENTITY status	TO BE PRINTED ON T fled below, no assigned of letion of this form is NOT categories (will not be pri 4b. camitted) above) See 37 CFR 1,27	HE PATENT (print or type data will appear on the parameter of filling an (B) RESIDENCE: (CITY Redmond, Winted on the patent): Payment of Pee(s): (Please A check is enclosed. Payment by credit care the Director is hereby overpayment, to Deposite the patent of the patent of the patent of the Director is hereby overpayment, to Deposite the patent of t	printed. itent. If an assigned assignment; and STATE OR CO ashington Individual	poration or other private group previously paid issue fee sh s attached. the required fee(s), any defice 23,231.78 (enclose an experience)	own above) clency, or credit any oxtra copy of this form).
ASSIGNEE NAME AND PLEASE NOTE: Unles recordation as set forth it. (A) NAME OF ASSIGN MICROSOft Control of the appropriate of the appropriate of the following fee(s) are set of the following fee(s) are control of the following fee(s) are control of the following fee(s) are set of the following fee(s) are set of the feet of the f	D RHSIDENCE DATA s an assignee is identi n 37 CFR 3.11. Comp WHH OFFORTATION e assignee calegory or submitted: small entity discount po f Copies (from status indicated MALL ENTITY status	TO BE PRINTED ON T fled below, no assigned of letion of this form is NOT categories (will not be pri 4b. camitted) above) See 37 CFR 1,27	HE PATENT (print or type data will appear on the parameter of filling an (B) RESIDENCE: (CITY Redmond, Winted on the patent): Payment of Pee(s): (Please A check is enclosed. Payment by credit care the Director is hereby overpayment, to Deposite the patent of the patent of the patent of the Director is hereby overpayment, to Deposite the patent of t	printed. itent. If an assigned assignment; and STATE OR CO ashington Individual	poration or other private group previously paid issue fee she sattached. 23-21-78 (enclose an capacity status of the required fee(s), any defice the required fee(s) any defice the required fee(s).	own above) clency, or credit any oxtra copy of this form).
ASSIGNEE NAME AND PLEASE NOTE: Unles recordation as set forth it. (A) NAME OF ASSIGN MICROSOft Co. Case check the appropriate. The following fee(s) are in the following fee(s) are in Entity Status. Change in Entity Status. The Issue Fee and Perest as shown by the record authorized Signature. Authorized Signature.	D RHSIDENCE DATA s an assignee is identi n 37 CFR 3.11. Comp NHH OFPOTATION e assignee category or e submitted: small entity discount per f Copies (from status indicated MAALL BNITTY status ublication for (if requiports of the United Status Rick D. Nyte	above) See 37 CFR 1.27. Tred) will not be accepted a Patent and Trademark (Instea, no name will be HE PATENT (print or by lata will appear on the passible a substitute for filling and (B) RESIDENCE: (CITY Redmond, Wanted on the patent): Payment of Pee(s): (Plea A check is enclosed. Payment by credit can The Director is hereby overpayment, to Deport is the patent is no long from anyone other than the Office.	printed. (e) itent. If an assigned assignment; and STATE OR CO ashington Individual St Con se first reapply any I. Form PTO-2038 I authorized to charge if Account Number. cr claiming SMALL e applicant; a registr	poration or other private group previously paid issue fee sh s attached. the required fee(s), any defice 23-21-78 (enclose and ENTITY status. See 37 CFR ered attorney or agent; or the feet of the second of the se	o entity. Government own above) clency, or credit any oxtra copy of this form). 1.27(g)(2). assignee or other party in the control of the
ASSIGNEE NAME AND PLEASE NOTE: Unles recordation as set forth it. (A) NAME OF ASSIGN MICROSOft Co. Case check the appropriate. The following fee(s) are in the following fee(s) are in Entity Status. Change in Entity Status. The Issue Fee and Perest as shown by the record authorized Signature. Authorized Signature.	D RHSIDENCE DATA s an assignee is identi n 37 CFR 3.11. Comp NHH OFPOTATION e assignee category or e submitted: small entity discount per f Copies (from status indicated MAALL BNITTY status ublication for (if requiports of the United Status Rick D. Nyte	above) See 37 CFR 1.27. Tred) will not be accepted a Patent and Trademark (Instea, no name will be HE PATENT (print or by lata will appear on the passible a substitute for filling and (B) RESIDENCE: (CITY Redmond, Wanted on the patent): Payment of Pee(s): (Plea A check is enclosed. Payment by credit can The Director is hereby overpayment, to Deport is the patent is no long from anyone other than the Office.	printed. (e) itent. If an assigned assignment; and STATE OR CO ashington Individual St Con se first reapply any I. Form PTO-2038 I authorized to charge if Account Number. cr claiming SMALL e applicant; a registr	poration or other private group previously paid issue fee sh s attached. the required fee(s), any defice 23-21-78 (enclose and ENTITY status. See 37 CFR ered attorney or agent; or the feet of the second of the se	o entity. Governmen own above) clency, or credit any oxtra copy of this form). 1.27(g)(2). assignee or other party in
ASSIGNEE NAME AND PLEASE NOTE: Unles recordation as set forth it. (A) NAME OF ASSIGN MICROSOft Co. Case check the appropriate. The following fee(s) are in the following fee(s) are in Entity Status. Change in Entity Status. The Issue Fee and Perest as shown by the record authorized Signature. Authorized Signature.	D RHSIDENCE DATA s an assignee is identi n 37 CFR 3.11. Comp NHH OFPOTATION e assignee category or e submitted: small entity discount per f Copies (from status indicated MAALL BNITTY status ublication for (if requiports of the United Status Rick D. Nyte	above) See 37 CFR 1.27. Tred) will not be accepted a Patent and Trademark (Instea, no name will be HE PATENT (print or by lata will appear on the passible a substitute for filling and (B) RESIDENCE: (CITY Redmond, Wanted on the patent): Payment of Pee(s): (Plea A check is enclosed. Payment by credit can The Director is hereby overpayment, to Deport is the patent is no long from anyone other than the Office.	printed. (e) itent. If an assigned assignment; and STATE OR CO ashington Individual St Con se first reapply any I. Form PTO-2038 I authorized to charge if Account Number. cr claiming SMALL e applicant; a registr	poration or other private group previously paid issue fee she attached. the required fee(s), any defice 23.21.78 (enclose an example of the feet of t	o entity. Government own above) clency, or credit any extra copy of this form). 1.27(g)(2). assignee or other party i